

Maryland Chapter American College of Cardiology

1783 Forest Drive, Suite 238 Annapolis, MD 21401

www.marylandacc.org

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Senator Paul Pinsky, Chair Educational, Health and Environmental Affairs Committee Miller Senate Office Building, 2 West 11 Bladen Street Annapolis, Maryland 21401

RE: SUPPORT FOR SENATE BILL 763 Genetic Counselors - Licensing

The Maryland Chapter of the American College of Cardiology supports initiatives that improve access to quality healthcare services, including genetic counseling services, in the State of Maryland. Currently, Maryland does not legally specify who may use the title of "genetic counselor." Licensure for genetic counselors is an important mechanism the help consumers identify appropriately qualified genetic counseling providers. We support the Maryland and DC Society of Genetic Counselors (MDCGC) efforts to secure licensure for genetic counselors in Maryland as means toward this end, specifically Senate Bill 763.

The rapid growth of medical genetics has affected virtually all areas of medicine. This specialized expertise aides physicians, patients, and families by providing a significant role in education surrounding the genetic contributions to disease and the implications for an individual's health – both medical and psychological – and the health of family members. Genetic counselors empower clinicians and patients by providing genetic services and interpretation, which is vital in the goal of precision medicine.

Genetic counselors are Master's-trained healthcare professionals who provide clients with information, education, counseling, advocacy, and emotional support for medical conditions that have genetic indications. They are key members in several of our clinical care teams with physician and allied professional members of the Maryland Chapter of the American College of Cardiology. Licensure for genetic counselors is essential to ensuring that genetic counselors are appropriately trained and credentialed so that patients and clients receive proper information and care. Licensure of genetic counselors additionally serves as a protection to prevent individuals with inadequate training from clinical practice in genetic counseling.

Licensure would strengthen the collaborative relationship of genetic counselors and treating physicians insofar as they will be working within a multidisciplinary setting and improving access and timeliness to genetic information. As genomics is increasingly becoming a vital part of patient care, integration of genetic counselors into clinical care will be vital, especially in cardiology. From current data, one out of 250 individuals has a hereditary cardiac risk, and could benefit from genetic counseling services.

Absence of licensure for these highly trained professionals--our genetic counselors-- will restrict provision of needed clinical genetics services to patients; a need that is ever-increasing in medicine today.

For these reasons, we respectfully ask that the Committee support legislation for genetic counselor licensure in Maryland by recommending favorably SB763.

Sincerely,

Joseph E. Marine, MD, FACC

President